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SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

DIQUAN BOOKER

7:22 cv 02355 -NSR

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

SGT SEFMAN

AMENDED

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>DIJUAN</u>	<u>BOOKER</u>	<u>BOOKER</u>
First Name	Middle Initial	Last Name
	<u>N/A</u>	

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

(b)(1)(b)(1)

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Greene Correctional

Current Place of Detention

P.O. Box 975

Institutional Address

COXSACKIE

County, City

NY

State

12051-0975

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

SGT SEFMAN she did not give it to me
First Name Last Name Shield #
SERGEANT
Current Job Title (or other identifying information)
99 Prison Rd
Current Work Address
99 Prison Rd Woodburne NY 12788
County, City State Zip Code

Defendant 2:

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 3:

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 4:

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Woodburne correctional facility

Date(s) of occurrence: Filed on 3/23/22
My court papers got stolen but everything
is on record this is a amended complaint.

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Idigyan Booker is suing Sgt sefman Amended
complaint
Date on court
Record
For ~~\$80,988,000~~ dollars because if it was not for
her I would of not caught the covid19 virus and
almost been beat to death I was sent to
Sgt sefman Jail ~~ON~~ a emergency drop off
I got there and Sgt sefman was talking to me about
the situation that happen at the last Jail I let her
know I needed protective custody she said no I
told her that the dirty correctional officer gave
a blood gang member a iPhone charger and got
it and gave it to the Sgt. and the bloods gang
is after me I need protective custody she
said iam not getting protective custody she yelled
at me in a loud voice she sent me to population
and I caught the covid virus if she would of listen
to me I would of never almost died from covid
I had a headache dizzy, diarrhea a snuff nose and
the bloods gang members almost killed me in
the bathroom in her Jail it in a statment and My Positive
test for covid virus is all on record with southern district
court 722-cv-02355 I want Sgt sefman to pay \$80,988,000
dollar for the 2 attempt murders On my life
this would of never happen ~~if it was not~~
~~for her failing to~~ She fail to protect me.

I still feel sick from the covid 19 virus
I could of died because sgt setman fail
to put me in protective custody I could of died
from being beat to death from bloods gang members
and sgt setman knew I was not suppose
to be in population with these banger because
of the iPhone charger situation at the last jail
that she knew about that's why I was
emergency rush to her jail she knew I needed
protective custody she knew these bloods gang
members was going to try to murder for giving the iPhone
charger to sgt and officers at the other jail that the
Bad dirty correctional officer gave to the bloods
gang member she knew what will happen
see what it is is that the sgt and correctional
officers don't like rats and they will
tryna have someone murder them. They bring

In iPhones iPhones chargers dope knives
What ever these gang bangers of the bloods gang
need. These two attempt murders would
of never happen if she put me in
protective custody like I ask
when I first got to her jail what
a evil women to yell at me and
deny me protective custody I needed
I almost loss my life. These
dirty bad correctional officer do anything
for these gangbangers they will even help
them escape. I am looking to settle for
\$80,988,00 **ASAP** the

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Quarentine 15 days very sick
COVID 19 VIRUS Headaches ~~diarrhea~~ diarrhea
snuffy nose dizzy almost being beat
~~to~~ to death She was the cause of
it Sgt Seftman was, she is a evil lady
that yelled at me and denied me protection
and that almost cause me my life

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I am ask for \$80,988,000⁰⁰ for the
two attempt murders on my life that
Sgt Seftman was the cause of. I almost
died from the COVID 19 Virus and almost
being beat to death by inmates medical
record and other record is on record in the
southern district court already I am
asking to be awarded \$80,988,000⁰⁰ for
the two attempt Murders on my life
Sgt Seftman was at fault of this.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

October 23²⁰²² 10/23/22
Dated
DIQUAN Unique
First Name Middle Initial
P.O. box 975
Prison Address
COXSACKIE
County, City
Diquan Booker
Plaintiff's Signature
BOOKER
Last Name
New York
State
12051-0975
Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

10/23/22

GREENE CORRECTIONAL FACILITY
P.O. BOX 975
COXSACKIE, NEW YORK 12051-0975

NAME: Diguan Booker DIN: 16A1691

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10/26/2022

US POSTAGE

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ZIP 12051
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10007
SDNY
USM
Southern District Court
500 lead street
10007 NY NY

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